

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Rendon for Assembly 2022			Date of This Filing 05/06/2021	Date Stamp Page 1 of 2	<div style="background-color: black; color: white; padding: 5px; text-align: center;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER (916)442-2952	I.D. NUMBER (if applicable) 1435367	Report No. 35626			
STREET ADDRESS					
CITY Long Beach	STATE CA	ZIP CODE 90802			
			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
			No. of Pages 2		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/05/2021	California Attorneys, Administrative Law Judges and Hearing Officers in State Employment PAC AKA CASE PAC Sacramento, CA 95814 ID# 840154	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$9,800.00
05/05/2021	California State Council of Laborers PAC Sacramento, CA 95814 ID# 902770	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$9,700.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other

PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment:

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STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
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Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: